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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number AL01019

First Named Inventor SHIH, et al

COMPLETE IF KNOWN

Application Number /

Filing Date September 18, 2001

Group Art Unit To Be Assigned

Examiner Name To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SUBSTITUTED IMIDAZOLES AS DUAL HISTAMINE H1 AND H3 AGONISTS OR ANTAGONISTS

the specification of which

(Title of the invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name PALAIYUR S. KALYANARAMAN

Signature

Date

Express Mail Label No.

EL403237497US

Date

Sept. 18, 2001

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 24265

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label

24265

OR ☐ Correspondence address below

Name	PALAIYUR S. KALYANARAMAN					Reg. No.	34,634
Address							
Address							
City		State		ZIP			
Country		Telephone	(908) 298- 5068		Fax	(908) 298-5388	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))				Family Name or Surname			
NENG-YANG				SHIH			
Inventor's Signature	<i>Neng-yang Shih</i>					Date	8/30/01
Residence: City	NORTH CALDWELL	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	1 MAPLE DRIVE						
Post Office Address							
City	NORTH CALDWELL	State	NEW JERSEY	ZIP	07006	Country	U.S.A.

☒ Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
ROBERT G.		ASLANIAN	
Inventor's Signature <i>Robert G. Aslanian</i>		Date <i>8/30/01</i>	
Residence: City	ROCKAWAY	State	NJ
Country	U.S.A.	Citizenship	U.S.A.
Mailing Address 144 PHILIP DRIVE			
Mailing Address			
City	ROCKAWAY	State	NJ
ZIP	07866	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
DANIEL M.		SOLOMON	
Inventor's Signature <i>Daniel M. Solomon</i>		Date <i>9/5/01</i>	
Residence: City	EDISON	State	NJ
Country	U.S.A.	Citizenship	U.S.A.
Mailing Address 9 MARSHALL DRIVE			
Mailing Address			
City	EDISON	State	NJ
ZIP	08817	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
STUART B.		ROSENBLUM	
Inventor's Signature <i>Stuart B. Rosenblum</i>		Date <i>9/05/01</i>	
Residence: City	WEST ORANGE	State	NJ
Country	U.S.A.	Citizenship	U.S.A.
Mailing Address 16 STEVEN TERRACE			
Mailing Address			
City	WEST ORANGE	State	NJ
ZIP	07052	Country	U.S.A.

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
MWANGI Wa		MUTAH	
Inventor's Signature <i>[Signature]</i>		Date <u>8/30/01</u>	
Residence: City EDISON	State NJ	Country U.S.A.	Citizenship KENYA
Mailing Address 20 N. EVERGREEN ROAD, APT. 257-Q			
Mailing Address			
City EDISON	State NJ	ZIP 08837	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
TOM C.		WING	
Inventor's Signature <i>[Signature]</i>		Date <u>09/05/01</u>	
Residence: City CEDAR GROVE	State NJ	Country U.S.A.	Citizenship U.S.A.
Mailing Address 133 CEDAR GROVE PARKWAY			
Mailing Address			
City CEDAR GROVE	State NJ	ZIP 07009	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
KEVIN D.		MC CORMICK	
Inventor's Signature <i>[Signature]</i>		Date <u>9/5/01</u>	
Residence: City EDISON	State NJ	Country I/S/A/	Citizenship U.S.A.
Mailing Address 5 PACE DRIVE			
Mailing Address			
City EDISON	State	ZIP	Country

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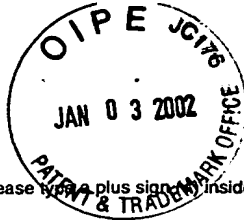
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JOHN J.		PIWINSKI	
Inventor's Signature <i>John J. Piwinski</i>		Date <u>9/10/01</u>	
Residence: City	CLINTON TOWNSHIP	State	NJ
Country	U.S.A.		
Citizenship	U.S.A.		
Mailing Address 6 SADDLE RIDGE DRIVE			
Mailing Address			
City	LEBANON	State	NJ
ZIP	08833	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
RONALD		WOLIN	
Inventor's Signature		Date	
Residence: City	SAN DIEGO	State	CA
Country	U.S.A.		
Citizenship	U.S.A.		
Mailing Address 16309 LOS ROSALES			
Mailing Address			
City	SAN DIEGO	State	CA
ZIP	92127	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country			
Citizenship			
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	AL01019	
	First Named Inventor	SHIH, et al	
	COMPLETE IF KNOWN		
	Application Number	/	
	Filing Date	September 18, 2001	
	Group Art Unit	To Be Assigned	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SUBSTITUTED IMIDAZOLES AS DUAL HISTAMINE H1 AND H3 AGONISTS OR ANTAGONISTS

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

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[Page 1 of 2]

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:	
Typed or printed name	PALAIYUR S. KALYANARAMAN
Signature	Date

Express Mail Label No.	EL403237497US
Date	Sept. 18, 2001

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 24265

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label

24265

OR ☐ Correspondence address below

Name	PALAIYUR S. KALYANARAMAN					Reg. No.	34,634			
Address										
Address										
City					State			ZIP		
Country				Telephone	(908) 298- 5068			Fax	(908) 298-5388	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))				Family Name or Surname			
NENG-YANG				SHIH			
Inventor's Signature						Date	
Residence: City	NORTH CALDWELL	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	1 MAPLE DRIVE						
Post Office Address							
City	NORTH CALDWELL	State	NEW JERSEY	ZIP	07006	Country	U.S.A.

☒ Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
ROBERT G.		ASLANIAN	
Inventor's Signature		Date	
Residence: City	ROCKAWAY	State	NJ
Country	U.S.A.	Citizenship	U.S.A.
Mailing Address 144 PHILIP DRIVE			
Mailing Address			
City	ROCKAWAY	State	NJ
ZIP	07866	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
DANIEL M.		SOLOMON	
Inventor's Signature		Date	
Residence: City	EDISON	State	NJ
Country	U.S.A.	Citizenship	U.S.A.
Mailing Address 9 MARSHALL DRIVE			
Mailing Address			
City	EDISON	State	NJ
ZIP	08817	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
STUART B.		ROSENBLUM	
Inventor's Signature		Date	
Residence: City	WEST ORANGE	State	NJ
Country	U.S.A.	Citizenship	U.S.A.
Mailing Address 16 STEVEN TERRACE			
Mailing Address			
City	WEST ORANGE	State	NJ
ZIP	07052	Country	U.S.A.

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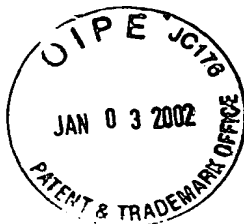
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
MWANGI Wa		MUTAH	
Inventor's Signature		Date	
Residence: City EDISON	State NJ	Country U.S.A.	Citizenship KENYA
Mailing Address 20 N. EVERGREEN ROAD, APT. 257-Q			
Mailing Address			
City EDISON	State NJ	ZIP 08837	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
TOM G.		WING	
Inventor's Signature		Date	
Residence: City CEDAR GROVE	State NJ	Country U.S.A.	Citizenship U.S.A.
Mailing Address 133 CEDAR GROVE PARKWAY			
Mailing Address			
City CEDAR GROVE	State NJ	ZIP 07009	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
KEVIN D.		MC CORMICK	
Inventor's Signature		Date	
Residence: City EDISON	State NJ	Country I/S/A/	Citizenship U.S.A.
Mailing Address 5 PACE DRIVE			
Mailing Address			
City EDISON	State	ZIP	Country

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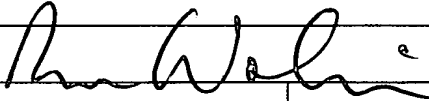
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JOHN J.		PIWINSKI	
Inventor's Signature		Date	
Residence: City	CLINTON TOWNSHIP	State	NJ
Country	U.S.A.		
Citizenship U.S.A.			
Mailing Address 6 SADDLE RIDGE DRIVE			
Mailing Address			
City	LEBANON	State	NJ
ZIP	08833	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
RONALD		WOLIN	
Inventor's Signature 		Date 8/31/01	
Residence: City	SAN DIEGO	State	CA
Country	U.S.A.		
Citizenship U.S.A.			
Mailing Address 16309 LOS ROSALES			
Mailing Address			
City	SAN DIEGO	State	CA
ZIP	92127	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country			
Citizenship			
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

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